

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
HEALTH AND RECOVERY SERVICES ADMINISTRATION  
Olympia, Washington**

**To:** Family Planning Clinics  
TAKE CHARGE Providers  
Managed Care Organizations

**Memorandum No: 06-01**  
**Issued:** January 24, 2006

**From:** Douglas Porter, Assistant Secretary  
Health and Recovery Services  
Administration (HRSA)

**For information, contact:**  
800.562.3022

**Subject: Family Planning Providers: 2006 Deletions and Additions to CPT™ Codes, Policies and Fee Schedules**

**Retroactive for dates of service on and after January 1, 2006,** Health and Recovery Services Administration (HRSA) will:

- Delete Current Procedural Terminology (CPT®) procedure codes 90782 and 90788 and replaced with 90772;
- Clarify drug reimbursement billing instructions and policies; and
- Postpone implementation date to February 1, 2006 for Education Counseling and Risk Reduction (ECRR) changes.

## What has Changed

HRSA has revised the fee schedule for the Family Planning Providers program to delete and add CPT codes, clarify drug reimbursement billing instructions and policies, and postpone the implementation date for the required ECRR 30 minutes standards.

## Deleted and Added Codes for Injectables

**Retroactive for dates of service on and after January 1, 2006,** CPT codes 90782 and 90788 are deleted.

**Retroactive for dates of service on and after January 1, 2006,** CPT code 90772 is added.

Procedure Code	Brief Description	1/1/06 Maximum Allowable Fee NFS
90772	Ther/proph/diag inj, sc/im (Specify substance or drug) (May not be billed with an office visit.)	11.13

\* Brief description inside parentheses indicates additional HRSA description.

## **Billing Instruction Replacement Pages**

Attached are replacement pages A.5 – A.8, B.5 – B.6, C.17 – C.18, C.25 – C.26, D.1 – D.2, and D.7 – D.8.

## **How do I conduct business electronically with HRSA?**

You may conduct business electronically with HRSA by accessing the WAMedWeb at <http://wamedweb.acs-inc.com>.

## **How can I get HRSA's provider documents?**

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

## Services for Women (continued)

- **Screening and treatment for STD-I**, including laboratory tests and procedures
  - √ HIV testing use CPT 86703
- **Education and supplies** for FDA-approved contraceptives, natural family planning, and abstinence
- **Mammograms** for clients 40 years of age and older, once per year
- **Colposcopy** and related medically necessary follow-up services

**Note:** HIV testing and counseling is not a covered service for TAKE CHARGE and Family Planning Only clients.

## Services for Men

In addition to the reproductive health services listed in HRSA's *Physician-Related Services Billing Instructions*, HRSA covers the following reproductive health services for men:

- **Office visits** where the primary focus and diagnosis is contraceptive management (including condoms and vasectomy counseling) and/or there is a medical concern
- **OTC contraceptives, drugs, and supplies** (as described in HRSA's *Prescription Drug Program Billing Instructions*)
- **Sterilization** procedures that meet the requirements of HRSA's *Physician-Related Services Billing Instructions*, if they are:
  - √ Requested by the client; and
  - √ Performed in an appropriate setting for the procedure.

**Note:** The surgeon's initial office visit for sterilization is covered when billed with ICD-9-CM diagnosis code V25.2. The federally mandated sterilization consent form must be filled out at least 30 days prior to the surgery.

- **Screening and treatment for STD-I**, including laboratory tests and procedures
  - √ HIV testing use CPT 86703

### Services for Men (continued)

- **Education and supplies** for FDA-approved contraceptives, natural family planning, and abstinence; and
- **Prostate cancer screening** for men who are 50 years of age and older, once per year. See Billing section, page E.5 for billing specifics.

### What services are not covered? [Refer to WAC 388-532-130]

HRSA does not cover the reproductive health services listed as noncovered in HRSA's *Physician-Related Billing Instructions*. HRSA reviews requests for noncovered services according to WAC 388-501-0160.

**Note:** HRSA does not pay for preventive health exams for clients 21 years of age and older.

### Reimbursement

[Refer to WAC 388-532-140, WAC 388-530-1425, and WAC 530-1700(4)]

**Fee Schedule:** HRSA reimburses providers for covered reproductive health services using the fee schedule contained in HRSA's *Physician-Related Services Billing Instructions*. (To view billing instructions, go to: <http://maa.dshs.wa.gov/> and select Billing Instructions/ Numbered Memoranda.)

### Department-Approved Family Planning Clinics that Dispense

**Contraceptives:** Must meet the criteria in WAC 388-530-1700(4) Pharmacy Services.

- **For services:** Bill HRSA your *usual and customary fee* (the fee you bill the general public). HRSA's payment will be either your usual and customary fee or HRSA's maximum allowable rate, whichever is less.
- **For drugs purchased under the Public Health Services Act:** Providers must meet the criteria in WAC 388-530-1425.
- **For other contraceptives, drugs, drug supplies and devices, not purchased under the Public Health Services Act.** For those drugs or items with a maximum allowable fee, the maximum allowable fee approximates the clinic's estimated acquisition costs. Bill HRSA your *usual and customary fee* (the fee you bill the general public). HRSA's payments will be either your usual and customary fee or HRSA's maximum allowable fee, whichever is less.

## HRSA-Approved Family Planning Providers

- If the fee schedule lists a drug or item as “acquisition cost,” you must bill your *actual acquisition cost* or certified full fee – not your usual and customary fee.

**Managed Care:** For clients who are enrolled in an HRSA Managed Care Organization (MCO) plan and self-refer to an HRSA-Approved Family Planning Provider or HRSA-contracted local health department/STD-I clinic outside their plan, all laboratory services must be billed through the family planning provider.

**Note:** Only the provider who rendered the services is allowed to bill for those services except in the case where a client self-refers outside of Managed Care for Family Planning services.

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## HRSA-Approved Family Planning Providers

Over-the-counter, non-prescribed contraceptive supplies (e.g., condoms, spermicidal foam, cream, gel, sponge, etc.,) may also be obtained in a 30-day supply through a pharmacy with a Medical ID card.

**Contraceptive hormone prescriptions must be written for three or more months, with a maximum of 12 months, unless there is a clinical reason to write the prescription for less than three months.**

**Note:** All services provided to Family Planning Only clients **must** have a primary focus and diagnosis of family planning (the ICD-9-CM V25 series diagnosis codes, excluding V25.3).

### What services are *not* covered? [WAC 388-532-540]

Medical services are not covered under the Family Planning Only program unless those services are:

- Performed in relation to a primary focus and diagnosis of family planning (ICD-9-CM V25 series diagnosis codes, excluding V25.3); and
- Medically necessary for the client to safely, effectively, and successfully use, or continue to use, their chosen contraceptive method.

Abortions are **not** covered under the Family Planning Only program.

**Note:** If the client's DSHS Medical ID card says *Family Planning Only* but she is pregnant, please refer the client to her local Community Services Office (CSO) to be evaluated for a possible change in her Medical Assistance program that would enable her to receive full scope of care.

**Inpatient Services:** HRSA does not pay for inpatient services under the Family Planning Only program. However, inpatient costs may be incurred as a result of complications arising from covered family planning services. If this happens, providers of inpatient services must submit a complete report to HRSA of the circumstances and conditions that caused the need for the inpatient services in order for HRSA to consider payment under WAC 388-501-0160.

A complete report includes:

- A copy of the billing (UB-92, HCFA-1500);
- Letter of explanation;
- Discharge summary; and
- Operative report (if applicable).

**Fax the complete report to HRSA Division of Medical Management at (360) 586-1471.**

## Reimbursement

[Refer to WAC 388-532-550, WAC 388-530-1425, and WAC 530-1700(4)]

**Fee Schedule:** HRSA limits reimbursement under the Family Planning Only program to visits and services listed on the Fee Schedule (see section D) that:

- Have a primary focus and diagnosis of family planning as determined by a qualified, licensed medical practitioner (ICD-9-CM V25 series diagnosis codes); and
- Are medically necessary for the client to safely, effectively, and successfully use, or continue to use, their chosen contraceptive method.

### Department-Approved Family Planning Clinics that Dispense

**Contraceptives:** Must meet the criteria in WAC 388-530-1700(4) Pharmacy Services.

- **For services:** Bill HRSA your *usual and customary fee* (the fee you bill the general public). HRSA's payment will be either your usual and customary fee or HRSA's maximum allowable rate, whichever is less.
- **For drugs purchased under the Public Health Services Act:** Providers must meet the criteria in WAC 388-530-1425.
- **For other contraceptives, drugs, drug supplies and devices, not purchased under the Public Health Services Act.** For those drugs or items with a maximum allowable fee, the maximum allowable fee approximates the clinic's estimated acquisition costs. Bill HRSA your *usual and customary fee* (the fee you bill the general public). HRSA's payments will be either your usual and customary fee or HRSA's maximum allowable fee, whichever is less.
- If the fee schedule lists a drug or item as "acquisition cost," you must bill your *actual acquisition cost* or certified full fee – not your usual and customary fee.

## HRSA-Approved Family Planning Providers

**Note:** The surgeon's initial office visit for sterilization is covered, if performed more than one day prior to the surgery, when billed with ICD-9-CM diagnosis code V25.2. The federally mandated sterilization consent form must be filled out at least 30 days prior to the surgery.

- **Screening and treatment for STD-I**, including laboratory tests and procedures only when the screening and treatment is:
  - √ Performed in conjunction with an office visit that has a primary focus and diagnosis of family planning (the ICD-9-CM V25 series diagnosis codes, excluding V25.3); and
  - √ Medically necessary for the client to safely, effectively, and successfully use, or continue to use, his or her chosen contraceptive method.
- **Education and supplies** for FDA-approved contraceptives, natural family planning, and abstinence.

HRSA covers intensive follow-up services (IFS) for certain clients as part of the research component of the TAKE CHARGE program. Only those clients serviced by HRSA's randomly selected research sites receive IFS (see page C.4). The specific elements of IFS are negotiated with each research site.

## Education, Counseling, and Risk Reduction (ECRR) Services

TAKE CHARGE providers must offer ECRR to eligible clients who have a demonstrated risk of unintended pregnancy. The cornerstone of the TAKE CHARGE program is education and counseling services designed to strengthen decision-making skills and support client's successful use of their chosen contraceptive method.

The department pays for an ECRR intervention service 30 minutes or more in duration. Effective for dates of service on and after February 1, 2006, if providers bill for ECRR, the service must be 30 minutes or more in duration.

### *Process:*

The ECRR Model is a research-based, client-centered intervention or process that a TAKE CHARGE provider facilitates with the client. To succeed, this intervention requires building trust and rapport with the client. The intervention should focus on listening to the client's needs. During ECRR the provider:

1. Asks a series of open ended questions.
2. Listens for client information, choices, needs, and risk factors; and
3. Offers client-focused information.

### *Service Delivery Parameters*

1. Clients with identified or demonstrated risks of unintended pregnancy are eligible for ECRR services. (**A client with a stable and successful contraceptive history is not eligible**);
2. Women at risk of unintended pregnancy are limited to one ECRR service delivery every 10 months;
3. Men whose sexual partner is at risk of unintended pregnancy are limited to one ECRR service every 12 months;
4. The ECRR must be a minimum of 30 minutes in duration;
5. The ECRR must be appropriate and individualized to the client's needs, age, language, cultural background, risk behaviors, sexual orientation, and psychosocial history;
6. The ECRR must be provided by one of the following TAKE CHARGE trained providers:
  - ✓ A physician;
  - ✓ Advanced Registered Nurse Practitioner (ARNP);
  - ✓ Registered Nurse;
  - ✓ Licensed Practical Nurse;
  - ✓ Physician Assistant; or
  - ✓ A trained and experienced health educator or medical assistant when used for assisting and augmenting the above listed clinicians.
7. The ECRR must be clearly documented in the client's medical records with detailed information that would allow for a well-informed follow-up visit.

## Reimbursement

[Refer to WAC 388-532-780, WAC 388-530-1425 and 530-1700(4)]

**Fee Schedule:** HRSA limits reimbursement under the TAKE CHARGE program to those services that:

- Have a primary focus and diagnosis of family planning as determined by a qualified licensed medical practitioner; and
- Are medically necessary for the client to safely and effectively and successfully use, or continue to use, their chosen contraceptive method.

### Department-Approved Family Planning Clinics that Dispense

**Contraceptives:** Must meet the criteria in WAC 388-530-1700(4) Pharmacy Services.

- **For services:** Bill HRSA your *usual and customary fee* (the fee you bill the general public). HRSA's payment will be either your usual and customary fee or HRSA's maximum allowable rate, whichever is less.
- **For drugs purchased under the Public Health Services Act:** Providers must meet the criteria in WAC 388-530-1425.
- **For other contraceptives, drugs, drug supplies and devices, not purchased under the Public Health Services Act.** For those drugs or items with a maximum allowable fee, the maximum allowable fee approximates the clinic's estimated acquisition costs. Bill HRSA your *usual and customary fee* (the fee you bill the general public). HRSA's payments will be either your usual and customary fee or HRSA's maximum allowable fee, whichever is less.
- If the fee schedule lists a drug or item as "acquisition cost," you must bill your *actual acquisition cost* or certified full fee – not your usual and customary fee.

**Intensive Follow-Up Services:** HRSA limits reimbursement for TAKE CHARGE intensive follow-up services (IFS) to those randomly selected research sites described on page 2 of the Definitions section. Intensive Follow-Up Services will end June 30, 2006.

**FQHC/RHC/Indian Health Providers:** Federally qualified health centers (FQHCs), rural health centers (RHCs), and Indian health providers who choose to become TAKE CHARGE providers must bill HRSA for TAKE CHARGE services without regard to their special rates and fee schedules. HRSA does **not** reimburse FQHCs, RHCs, or Indian health providers under the encounter rate structure for TAKE CHARGE services.

## HRSA-Approved Family Planning Providers

**Billing Timeline:** HRSA requires TAKE CHARGE providers to meet the billing requirements in WAC 388-502-0150 (billing time limits). In addition, billing adjustments related to the TAKE CHARGE program must be completed no later than three years after the demonstration and research program terminates. HRSA will not accept any new billings or any billing adjustments that increase expenditures for the TAKE CHARGE demonstration and research program after the cut-off date identified in this subsection.

**Inpatient Services:** HRSA does not cover inpatient services under the TAKE CHARGE program. However, inpatient costs may be incurred as a result of complications arising from covered TAKE CHARGE services. If this happens, providers of TAKE CHARGE related inpatient services that are not otherwise covered by third parties or other medical assistance programs must submit to HRSA a complete report of the circumstances and conditions that caused the need for the inpatient services in order for HRSA to consider payment under WAC 388-501-0165. A complete report includes:

- √ A copy of the billing (UB-92, HCFA-1500);
- √ Letter of explanation;
- √ Discharge summary; and
- √ Operative report (if applicable).

**Fax the complete report to HRSA Division of Medical Management at (360) 586-1471.**

**Third-Party Liability:** HRSA requires a provider under WAC 388-501-0200 to seek timely reimbursement from a third party when a client has available third party resources. See page E.8 for exceptions to this requirement.

# Fee Schedule

**Note:** For billable codes and fees for Reproductive Health Services, refer to the *Physician-Related Billing Instructions*. Only the provider who renders the service(s) is allowed to bill for those services except in the case where a client self-refers outside of the Managed Care Organization (MCO) plan for Family Planning services.

## Office Visits

Procedure Code	Brief Description	Effective 1/1/06 Maximum Allowable Fee	
		Clients 21 and older	Clients 20 and under
		NFS	NFS
99201	Office/outpatient visit, new	\$24.08	\$33.52
99202	Office/outpatient visit, new	42.94	59.79
99203	Office/outpatient visit, new	63.79	88.82
99204	Office/outpatient visit, new	90.10	125.45
99205	Office/outpatient visit, new	113.92	158.63
99211	Office/outpatient visit, est	14.40	20.04
99212	Office/outpatient visit, est	25.56	35.60
99213	Office/outpatient visit, est	34.75	48.38
99214	Office/outpatient visit, est	54.36	75.69
99215	Office/outpatient visit, est	78.93	109.90

## Prescription Birth Control Methods

Procedure Code	Brief Description	1/1/06 Maximum Allowable Fee NFS
<b>Oral Contraceptives</b>		
S4993	Contraceptive pills for bc *(1 unit = each 30-day supply. Seasonale should be billed as 3 units.)	\$17.00
<b>Cervical Cap/Diaphragm</b>		
A4261	Cervical cap contraceptive	47.00
A4266	Diaphragm	30.87
57170	Fitting of diaphragm/cap	57.00

\* Brief description inside parentheses indicates additional HRSA description.

NFS = Non-facility setting (e.g., provider's office); FS = Facility setting (e.g., hospital)  
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# Prescription Birth Control Methods - Continued

Procedure Code	Brief Description	1/1/06 Maximum Allowable Fee NFS
<b>Implant</b>		
11976	Removal of contraceptive cap	\$119.95
<b>Injectables</b>		
J1055	Medrxypogester acetate inj (Allowed once every 67 days.)	53.66
90772	Ther/proph/diag inj, sc/im (Specify substance or drug) (May not be billed with an office visit.)	11.13
<b>Intrauterine Devices (IUD)</b>		
J7300	Intraut copper contraceptive (Paragard)	380.00
J7302	Levonorgestrel iu contracept (Mirena)	415.00
58300	Insert intrauterine device (IUD)	58.14
58301	Remove intrauterine device (IUD)	62.23
<b>Miscellaneous Contraceptives</b>		
J7303	Contraceptive vaginal ring (Each)	28.00
J7304	Contraceptive hormone patch (Each)	4.00

# Non-Prescription Over-the-Counter (OTC) Birth Control Methods

Procedure Code	Brief Description	1/1/06 Maximum Allowable Fee
A4267	Male Condom (Each)	Acquisition cost
A4268	Female Condom (Each)	Acquisition cost
A4269	Spermicide (e.g. foam, gel, sponge)(Each)	Acquisition cost

**Note:** HRSA reimburses for FDA-approved family planning products and supplies only.

NFS = Non-facility setting (e.g., provider's office); FS = Facility setting (e.g., hospital)  
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## HRSA-Approved Family Planning Providers

Procedure Code/ Modifier	Brief Description	1/1/06 Maximum Allowable Fee	
		NFS	FS
87490	Chylmd trach, dna, dir probe	\$22.98	\$22.98
87491	Chylmd trach, dna, amp probe	40.21	40.21
87590	N.gonorrhoeae, dna, dir prob	22.98	22.98
87591	N.gonorrhoeae, dna, amp prob	40.21	40.21
87810	Chylmd trach assay w/optic	13.74	13.74
88141	Cytopath, c/v, interpret	13.40	13.40
88142	Cytopath, c/v, thin layer	28.31	28.31
88143	Cytopath, c/v, thin lyr redo	28.31	28.31
88147	Cytopath, c/v, automated	15.90	15.90
88148	Cytopath, c/v, auto rescreen	21.23	21.23
88150	Cytopath, c/v, manual	14.76	14.76
88152	Cytopath, c/v, auto redo	14.76	14.76
88153	Cytopath, c/v, redo	14.76	14.76
88154	Cytopath, c/v, select	14.76	14.76
88164	Cytopath tbs, c/v, manual	14.76	14.76
88165	Cytopath tbs, c/v, redo	14.76	14.76
88166	Cytopath tbs, c/v, auto redo	14.76	14.76
88167	Cytopath tbs, c/v, select	14.76	14.76
88174	Cytopath, c/v auto, in fluid	29.85	29.85
88175	Cytopath, c/v auto fluid redo	37.01	37.01
88300	Surgical path, gross	12.49	12.49
88302	Tissue exam by pathologist	27.25	27.25
88302-26	Tissue exam by pathologist (Professional Component)	4.54	4.54
88302-TC	Tissue exam by pathologist (Technical Component)	22.71	22.71

### Injectable Drugs and Injection Fee

*(Injectable drugs must be given in the family planning clinic. These are not take-home drugs or drugs obtained by prescription through a pharmacy.)* The following drugs are the only ones reimbursed to department approved family planning clinics. All other drugs covered, must be obtained and billed by a pharmacy, see page C.20.

Procedure Code	Brief Description	1/1/06 Maximum Allowable Fee NFS
<b>90772</b>	<b>Ther/proph/diag inj, sc/im</b> (Specify substance or drug) (May not be billed with an office visit.)	<b>\$11.13</b>

## HRSA-Approved Family Planning Providers

Procedure Code	Brief Description	1/1/06 Maximum Allowable Fee NFS
J0456	Azithromycin (inj, 500 mg)	24.44
J0580	Penicillin g benzathine inj	73.14
J0690	Cefazolin sodium injection (500 mg)	1.39
J0694	Cefoxitin sodium injection (1 g)	8.71
J0696	Ceftriaxone sodium injection (250 mg)	6.80
J0697	Sterile cefuroxime injection (750 mg)	4.90
J0698	Cefotaxime sodium injection (per gram)	4.35
J0710	Cephapirin sodium injection (1 g)	1.41
J1055	Medroxyprogester acetate inj (Depo-Provera) (Allowed once every 67 days.)	53.66
J1890	Cephalothin sodium injection (up to 1 g)	8.64
J2460	Oxytetracycline injection (up to 50 mg)	.93
J2510	Penicillin g procaine inj (to 600,000 u)	8.43
J2540	Penicillin g potassium inj (to 600,000 u)	1.35
J3320	Spectinomycin di-hcl inj (up to 2 g)	25.30
<b>Oral Medication</b>		
Q0144	Azithromycin dihydrate, oral (1 g)	Acquisition Cost
J3490-EPA 870001252	Drugs classified injection (Unlisted drugs, use for <ul style="list-style-type: none"> <li>• Plan B only; and</li> <li>• Each 1 unit equals one treatment)</li> </ul>	10.15

## TAKE CHARGE Clients Only

HCPCS Code/Modifier	Brief Description	Time Limits	1/1/06 Maximum Allowable Fee
T1023-FP	Program intake assessment (Use for application assistance) <i>Only for TAKE CHARGE clients.</i>	Once per year of eligibility	\$5.13
S9445-FP	PT education noc individ (Use for Women – ECRR) <i>(Only for TAKE CHARGE clients.)</i>	Once every 10 months	57.41
S9445-FP	PT education noc individ (Use for Men – ECRR) <i>(Only for TAKE CHARGE clients.)</i>	Once per calendar year	57.41